

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Sequence Submission?::	No
Computer Readable Form (CRF)?::	No
Title::	Hemostasis Valve
Attorney Docket Number::	106586-170
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	2
Total Drawing Sheets::	5
Petition Included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Status::	Full Capacity
Given Name::	Lee
Middle Name::	A.
Family Name::	Core
Name Suffix::	
City of Residence::	Cambridge
State or Province of Residence::	MA

Country of Residence:: USA  
Street of mailing address:: 9 Cambridge Terrace  
Apt. 2  
City of mailing address:: Cambridge  
State or Province of mailing  
address:: MA  
Country of mailing address:: USA  
Postal or Zip Code of mailing  
address:: 02140

### **Domestic Priority Information**

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This application is a	An application claiming the benefit under 35 USC 119(e)	60/417,705	10/10/02

### **Correspondence Information**

Correspondence Customer

Number:: 23483  
Phone number:: (617) 526-6000  
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E-Mail address:: david.cavanaugh@haledorr.com

### **Representative Information**

Representative Customer

Number::

23483